

NON-CUSTODIAL PARENT REQUEST FOR RELIEF

By completing this form you are requesting that the Office of Child Support Services file the paperwork called a Motion for Relief, to decrease or end your order. Please be advised that we can only assist you if the case is one that is currently in our child support caseload and if there are no other motions pending. Please be aware that OCSS cannot process your request for relief for reasons other than reducing, suspending, or increasing your child support obligation. You will be notified if the request is rejected. You may of course file the motion "pro-se" or on your own at any time. There is a Pro-Se Motion form at the RI Family Court or on the website at www.cse.ri.gov. Legal counsel for this agency will not legally represent you at the hearing regardless of whether we file the motion for you or you file on your own, nor do we represent the other parent. You will be required to present your case to the Magistrate/Judge or retain legal counsel to present your case on the hearing date. You will be mailed a copy of the motion and a notice of the date, location and time to appear. If you do not appear, the motion may be denied or pass. You will also be mailed an income and expense sheet called an OCSS1. Please fill out the form completely and bring it to court with you.

In order to file the paperwork, the following information is needed. Please complete one form for each case.

Your Name: _____ Today's Date: _____

Your Current Address:		
Number	Street	
City	State	Zip Code

Employer name/Address or Source of Income: _____

Your Cell Phone Number: () - _____

Other Parent's Name: _____

Child's (ren's) name(s):

Case No. or Docket No.:

In order for the Court to consider your motion to decrease or end your order, the Court needs to know the reason why. Please explain why you are requesting a decrease or suspension of your court order.

☐ **Loss of job**
☐ **Working less hours**
☐ **Reconciliation with other parent**
☐ **Loss of Medical Coverage**
☐ **Child is no longer with the other parent**
☐ **Incarceration. Expected date of release is: _____**
☐ **Other (Explain): _____**

Do you need help with any other issues/services? If so, please describe the services you need:

If we must get in touch with you to ask you questions, what is the best time and phone number to reach you?:

Time of Day/Day of Week

Phone Number

I authorize the OCSS to file a Motion for Relief on my behalf.

Signature

Notice and Waiver Regarding Legal Representation

I understand that the Department of Human Services - Office of Child Support Services (OCSS) attorneys are not my attorneys and do not represent me, even though I may benefit from the work of those attorneys. I understand that the only client of OCSS legal counsel is the State of Rhode Island. Because I do not have an attorney/client relationship with OCSS legal counsel, any information I share with OCSS or their attorneys is not privileged or confidential, except as otherwise provided by law. It also means that OCSS may provide services to the other parent of my child or another person, agency or department having custody/physical possession of my child and in need of the agency's services.

Date

Signature

Complete and Mail this form to: Office of Child Support Services
ATTN: Darleen Reyes
Community Outreach Liaison
77 Dorrance Street
Providence, RI 02903
401-458-4425